

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 9576	2. Fiscal Year Covered From: 4 / 1 / 2004 Through 3 / 31 / 2005
3. Name and address of person filing.	
Name John Stander	
P.O. Box, Bldg., Room No., if any	
Street 4000 Union Hall Place	
City Jacksonville	
State Florida	ZIP Code + 4 32205
5. Position in labor organization. Instructor	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>
Name	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4

Signature

18. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On **8/16/05**
Date

908-388-7001

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Central/North Florida Carp & Millwrights TTFTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 4000 Union Hall PlaceCity JacksonvilleState Florida ZIP Code + 4 32205

14.a. Nature of payment.

Reimbursement for out of pocket expenses incurred while performing training trust fund activities.
 Date of payment: 10/04/2004

13.b. Is the Business an Employer or Consultant ?14.b. Amount of payment.

\$100

City <input type="text"/>	State <input type="text"/> ZIP Code + 4 <input type="text"/>
10. If 9.b. or 9.c. is checked give trust or employer's name.	
Name <input type="text"/>	
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	
11.a. Nature of such dealing. <input type="text"/>	
11.b. Approximate dollar value of such dealing. <input type="text"/>	
12.a. Nature of interest held or income received. <input type="text"/>	
12.b. Amount. <input type="text"/>	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name <input type="text"/> Central/North Florida Carp & Millwrights TTF	
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/> 4000 Union Hall Place	
City <input type="text"/> Jacksonville	
State <input type="text"/> Florida ZIP Code + 4 <input type="text"/> 32205	
14.a. Nature of payment. <input type="text"/> Reimbursement for out of pocket expenses incurred while performing training trust fund activities. Date of payment: 02/04/2005	
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	
14.b. Amount of payment. <input type="text"/> \$100	